

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DONALD J. TRUMP FOR PRESIDENT, INC.**

**A.** Full Name (Last, First, Middle Initial)

**CABIGON, MARK, ,**

Mailing Address 4929 HOSTETLER AVENUE

City

LAS VEGAS

State

NV

Zip Code

89131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UMC LAS VEGAS

Occupation

REGISTERED NURSE

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17A.1208271**

Date of Receipt

**06 / 03 / 2018**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

**CABILDO, SHIRLEY, ,**

Mailing Address 332 ACERNO DRIVE

City

NOKOMIS

State

FL

Zip Code

34275

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17A.1208272**

Date of Receipt

**05 / 17 / 2018**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)

**CABILLO, CYNTHIA, ,**

Mailing Address PO BOX 695

City

DALY CITY

State

CA

Zip Code

94017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

315.00

**Transaction ID : SA17A.1208273**

Date of Receipt

**04 / 30 / 2018**

Amount of Each Receipt this Period

35.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

285.00

**Total This Period** (last page this line number only) .....